

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR: Hunan Butnaru	ATTY DKT NO. P-5289.3
TITLE: Motion Sickness/Vertigo Prevention Device and Method	
TO: Box Patent Application Commissioner of Patents and Trademarks Washington, D.C. 20231	

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) and 1.27(b) -- INDEPENDENT INVENTOR)

As the below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under §§ 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled:

TITLE OF INVENTION: Motion Sickness/Vertigo Prevention Device and Method

described in

- ☒ the specification filed herewith.
☐ U.S. Patent Application Serial No. 7 / __ / __ filed __ / __ / __
☐ U.S. Patent Reg. No. ____ issued __ / __ / __

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

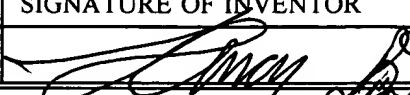
- ☐ No such person, concern, or organization
☐ Persons, concerns or organizations listed below*

*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27).

FULL NAME:		
ADDRESS:		
<input type="checkbox"/> Individual	<input type="checkbox"/> Small Business Concern	<input type="checkbox"/> Nonprofit Organization

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under § 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF INVENTOR	DATE EXECUTED	SIGNATURE OF INVENTOR
Hunan Butnaru	2-12-1997	

CERTIFICATE OF MAILING

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited on the date shown below with the United States Postal Service in an envelope addressed to the "Commissioner of Patents and Trademarks, Washington, D.C. 20231", as follows:

<u>37 CFR 1.8(a)</u>	<u>37 CFR 1.10</u>
<input type="checkbox"/> With sufficient postage as First Class Mail. Date: _____, 19__	<input type="checkbox"/> As "Express Mail Post Office to Addressee", Mailing Label No. <u>EM579150626US</u> Date: <u>2-13</u> , 19 <u>97</u>

DAVID A. MUNSCH

Printed Name of Person Mailing Paper or Fee



Signature of Person Mailing Paper or Fee

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COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type:

<input checked="" type="checkbox"/>	Original	<input type="checkbox"/>	Divisional
<input type="checkbox"/>	Design	<input type="checkbox"/>	Continuation
<input type="checkbox"/>	Supplemental	<input type="checkbox"/>	Continuation-in-Part (CIP)
<input type="checkbox"/>	National Stage of PCT		

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

MOTION SICKNESS/VERTIGO PREVENTION DEVICE AND METHOD

SPECIFICATION IDENTIFICATION

the specification of which:

☒ is attached hereto.

☐ was filed on _____ as

☐ Serial No. 0 / _____

☐ Express Mail No. _____

and was amended on _____

☐ was described and claimed in PCT International Application No. _____
filed on _____ and as amended under PCT Article 19 on _____.

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations. §1.56(a).

☐ In compliance with this duty there is attached an information disclosure statement 37 CFR §1.97.

PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

☒ no such applications have been filed.

☐ such applications have been filed as follows:

Earliest Foreign Applications, if any, Filed Within 12 Months (6 Months Design)

Prior to This Application

Country	Application No.	Date of Filing (day, month, year)	Priority Claimed Under 37 USC 119

All Foreign Applications, if any, Filed More Than 12 Months (6 Months Design)
Prior to This Application

Country	Application No.	Date of Filing (day, month, year)	Priority Claimed Under 37 USC 119

CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S) (34 U.S.C. § 119(e))

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

PROVISIONAL APPLICATION NUMBER
60/011,895
60/017,753

FILING DATE
2/15/96
5/15/96

POWER OF ATTORNEY

As a named inventor, I hereby appoint the following attorneys to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Mark V. Muller, State Bar No. 00795546, Reg. No. 37,509; **Mark A. Kammer**, State Bar No. 11085900, Reg. No. 34,197; **Pamela B. Huff**, State Bar No. 10185020, Reg. No. 35,901; **Ted D. Lee**, State Bar No. 12137000, Reg. No. 25,819; **Mark H. Miller**, State Bar No. 14099200, Reg. No. 29,197; **Thomas E. Sisson**, State Bar No. 18444900, Reg. No. 29,348; **Daniel D. Chapman**, State Bar No. 04121300, Reg. No. 32,726; **William B. Nash**, State Bar No. 14812200, Reg. No. 33,743; **Michael Caywood**, State Bar No. 00790443, Reg. No. 37,797, of the firm of **GUNN, LEE & MILLER, P.C.**, with offices at 300 Convent Street, Suite 1650, San Antonio, Texas 78205, telephone number (210) 222-2336, attorneys at law.

[] Attached as part of this declaration and power of attorney is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

Send Correspondence To:

Mark V. Muller
Gunn, Lee & Miller, P.C.
300 Convent, Suite 1650
San Antonio, Texas 78205

Direct Telephone Calls To:

Mark V. Muller
(210) 222-2336

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of the Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE

Full name of sole or first inventor: **HANAN BUTNARU**

Inventor's signature: _____

Residence: 1 Somerville Court, San Antonio, Texas 78257

Country of Citizenship: United States

Date: 2-12-1997

ADDED PAGE(S) WHICH FORM A PART OF THIS DECLARATION

[] Signature by administrator(trix), executor(trix), or legal representative for deceased or incapacitated inventor. Number of Pages added ____.

* * *

[] Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (CIP) application. Number of pages added ____.

* * *

[] Authorization of attorney(s) to accept and follow instructions from representative.

* * *

[X] This declaration ends with this page.

CERTIFICATE OF MAILING

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited on the date shown below with the United States Postal Service in an envelope addressed to the "Commissioner of Patents and Trademarks, Washington, D.C. 20231", as follows:

<p><u>37 CFR 1.8(a)</u></p> <p>[] With sufficient postage as First Class Mail.</p> <p>Date: _____, 19__</p>	<p><u>37 CFR 1.10</u></p> <p>[] As "Express Mail Post Office to Addressee", Mailing Label No. <u>EM579150626US</u></p> <p>Date: <u>2-13</u>, 19<u>97</u></p>
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DAVID MUNSCH
Printed Name of Person Mailing Paper or Fee

David A. Munsch
Signature of Person Mailing Paper or Fee

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